Auditor Kelly Carr

Marion City Income Tax Return - Individual 233 West Center Street

** ATTACH ALL FEDERAL SCHEDULES **INCLUDING FEDERAL FORM 1040**** The Income Tax Department hours: Monday to Thursda 8:00 a.m. to 5:00 p.m. Fridays 8:00 a.m. to 3:00 p.m.

excluding Holidays Marion, Ohio 43302 740-387-6926 Part Year Resident Date Moved In Date Moved Out _ TAX OFFICE USE ONLY FOR CALENDAR YEAR -DUE ON OR BEFORE APRIL 15TH If the address caption is not correct please make any necessary changes Name: C/O Address: City Use your City Account Number 1. Wages (attach all applicable W-2's & Federal Form 1040) 2. Unreimbursed Employee Business Expenses (attach Federal Form 2106 & Schedule A- Statutory Employees attach copy of Federal Schedule C 3. Taxable Wages (subtract Line 2 from Line 1) 4. Business and Rental Income 9 (Attach all Federal Schedules & Federal Form 1040) 5. Total taxable Income (losses from Line 4 are not deductible from Line 3) 6. Total Tax (multiply line 5 by 2.00% 7. Credits 7a. Tax withheld for Marion 7b. Marion Tax paid by partnerships on behalf of owner 7c. Tax paid to other cities (see income tax return instructions) | \$ 7d. Total Credit (add 7a, 7b and 7c) 8. Tax less credits (subtract line 7d from line 6) 9. Estimated tax paid and credit carryovers from prior tax years 10. Tax Due (subtract Line 9 from Line 8) 11. Distribution of overpayment: a. Apply credit to next year's estimated tax b. Refund 12. Late Penalty \$ plus Interest \$ plus Tax Due \$_ NOTE AMOUNT \$10.00 OR LESS WOULD NOT BE DUE OR REFUNDED. DECLARATION OF ESTIMATED MARION, OHIO CITY INCOME TAX FOR 2018 Declaration required only if estimated tax due (line 15) is \$500.00 or more estimated taxable income (Salaries, Wages, Commissions, etc., before payroll deductions) and/or (estimated net profits) Total income subject to tax \$_____ multiply by 2.0% 14. Estimated credits (tax withheld, paid by partnerships, paid to other cities) 15. Net Tax Due (line 13 less Line 14) 16. First installment of declaration (not less than .25 of line 15) 17. Less overpayment from line 11A above: (\$) = Balance due with return: Third Party Designee Do you want to allow another person to discuss this matter with the City of Marion? $\hfill\Box$ Yes $% \left(-1\right) =\left(-1\right) \left(-1\right) =\left(-1\right) \left(-1\right) \left(-1\right) =\left(-1\right) \left(-1\right)$ Phone Number UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE. CORRECT AND COMPLETE. DECLARATION OF PREPAPER (OTHER THAN TAXPAYER) IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE. DATE: Signature of Taxpayer/Agent Social Security Number or Signature of Preparer Signature of Taxpayer/Agent Social Security Number or Preparer ID No. Federal ID Number

1. Business Income (loss) from Sole Proprietorships (Attach fede				
1. Business Income (loss) from Sole Proprietorships (Attach federal Schedule C, C-EZ, or F)				\$
2. Allocation % (if Resident Individual or if all of the business was conducted within Marion, enter 100%)				
(Schedule 2, Line 12)				\$
3. Business Income (loss) Subject to City Tax				\$
4. Rental Income - Attach Federal Schedule E (Resident Schedule include all rental income, non-residents include only				
rental income earned within Marion)				\$
5. Business Income (loss) from partnerships (from Schedule 3)				\$
6. Total Business/Rental Income (loss)-If positive, enter amount	on line 6 here and on lin	e 4 of your return.		
If negative, enter "loss" on line 4 of your return.				\$
Schedule 2 - Business Allocation Formula In determining the portion of net profits of a business earned w	ithin the city the taxna	ver shall use an allocatio	in formula based on pror	nerty sales and navroll
	y use an actual accounti			yerey, sales and payrom
Average Value of Property	Property Local			ed Everywhere
·	Beginning of Year	End of Year	Beginning of Year	End of Year
Real Property at Original Cost				+
2. Tangible Personal Property at Original Cost				
3. Total Real and Tangible Property add Line 1 & 2				
Total of Beginning and End of Year Totals				
5. Average Value of owned property (line 4 divided by 2)				
6. Rented property (Value at 8 x Annual Rental)				
7. Average Value - Add Lines 5 & 6				
Calculation of Taxable Portion		Within Marion	Everywhere	Percentage
8. Property Factor (line7)			2.0.7	T en contago
9. Sales Factor				
10. Payroll Factor				
11. Add the percentages from Lines 8,9 & 10				†
12. Allocation % (divide line 11 by the number of factors used - a factor with a zero in the "everywhere" column is not used)				
Owners may use this form to calculate their taxable income from schedule and complete a separate schedule for each pass-throug income is earned. Non-Resident should only include income earn of your income was earned within the city. Pass-Through Entity Name:	h. Residents should inc	lude all income from pa	ss-through entities regard	dless of where the
Pass-Through Entity EIN:				rmation on how much
rass-miough Entity Liv.				rmation on how much
Ordinary Income				rmation on how much
1. Ordinary Income				\$
Ordinary Income Income (loss) from Rental Real Estate				\$
Ordinary Income Income (loss) from Rental Real Estate Income (loss) from other Rentals				\$ \$ \$
Ordinary Income Income (loss) from Rental Real Estate Income (loss) from other Rentals Guaranteed Payments to Partners				\$ \$ \$ \$
Ordinary Income Income (loss) from Rental Real Estate Income (loss) from other Rentals Guaranteed Payments to Partners Other Income			\$	\$ \$ \$ \$
1. Ordinary Income 2. Income (loss) from Rental Real Estate 3. Income (loss) from other Rentals 4. Guaranteed Payments to Partners 5. Other Income 6. Subtotal - Add lines 1 through 5			\$	\$ \$ \$ \$
1. Ordinary Income 2. Income (loss) from Rental Real Estate 3. Income (loss) from other Rentals 4. Guaranteed Payments to Partners 5. Other Income 6. Subtotal - Add lines 1 through 5 7. Charitable Contributions			-	\$ \$ \$ \$
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